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Attorney Docket Number NL 030520

Complete if Known Substitute for form 1449/PTO Application Number 10/556451 Filing Date INFORMATION DISCLOSURE First Named Inventor JOHNSON et al. STATEMENT BY APPLICANT Art Unit (Use as many sheets as necessary) Examiner Name

Sheet 1

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of 1

				DOCUMENTS	
Examiner Initials*	Cite No.1	Document Number Number-Kind Code ^{2 of Incomp}	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, When Relevant Passages or Relevan Figures Appear
/R.C./		US- 6,215,462 B1	04-10-2001	Yamada et al.	
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FOREIGN PATENT DOCUMENTS						
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Signature Considered "EXAMINER: Initial if reference considered, whether or not olation is in conformance with MPEP 690. Dawn line through cliation if not in conformance and not considered, include copy of this form with neat communication to applicant. *Applicant's unique cliation desparation number (optional). *See Knds Codes of USEPO Potent December 14 www.uspido.org or MPEP 9010 -4. *Enter Officion this issued the document, by the two-letter code (NIPO Standard ST 3). *For Apparese patent document, by in indication of the year of the reign of the Emperor must precode the serial number of the patent document. *Nind of document the appropriate symbox as indicated on the document under the MOS Dandard ST of possible. *Applicant is to place a check match here it English insquage

Translation is attached

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This collection of information is required by 37 CFR 1.97 and 1.98. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by 35 USC. 122 and 37 CFR 1.14. This collection is estimated to take 2 hours to complete, including galarient, preparing, and submitting the completed application from the MSPTO. Three Wary depending upon the individual case. Any comments on the amount of time you require to compete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Palent and Tadesman CfMice, P.O. 80 et 159, Macandin, N. 2731-145, DO NOT SERVINE SEE ON COMPLETED FORMIST OT HIS ADDRESS. SERVINE. TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Substitute for form 1449/PTO	re required to respond to a collection of information unless it contains a valid OMB control number. Complete if Known			
	Application Number	10/556451		
INFORMATION DISCLOSURE	Filing Date			
STATEMENT BY APPLICANT	First Named Inventor	JOHNSON et al.		
	Art Unit			
(Use as many sheets as necessary)	Examiner Name			
Sheet 1 of 1	Attorney Docket Number	NL 030520		

		NON PATENT LITERATURE DOCUMENTS		
Examiner Initials* Cite		Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.		
/R.C./		Patent Abstracts of Japan, Pub. No.: 11-085059, Pub. Date: March 30, 1999.		
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